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TREASURE STATE
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May-June 1981 Vol. 30, No. 3
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New Mosquito Control Method Tested

(Photo by Eva Solberg, Malta)

Field test observers Ralph Korman, Saco mayor (back left); Van Jamison, SDHES (back right); "Swede" Hammond, state senator (left foreground); Andy Seckinger, Sandoz representative (center foreground); and Dr. William Ramoska, insect pathologist (right foreground) count larvae in water from test field.

Twelve hundred acres of hay and meadow land around Saco have become the testing ground for a new biological method of mosquito control. The Saco area, dubbed the "mosquito capital of the world," is the site this summer for large-scale testing of the effectiveness of Bacillus thuringiensis var. israelensis (BTI), a bacterium which destroys mosquito larvae.

The first in a series of tests was conducted in early June as a cooperative effort involving state, county and city officials, state legislators, an insect pathologist, and representatives from two chemical companies which have developed the methods for commercial production of BTI.

Van Jamison and Dr. Ken Quickenden, Vector Control Section, Food and Consumer Safety Bureau, State Department of Health and Environmental Sciences, have participated in the effort since its inception.

Jamison recently described the project's first field test. "The June effort involved a 300-acre field, all of which was under water and infested with billions of mosquito larvae at a specific stage of development, between what is known as the second and third instar," Jamison said. "We divided the area into seven test plots and aerially applied liquid containing BTI. Formulations of BTI from both companies were tested. Preliminary results indicate that a 90 percent kill was achieved with both products even though conditions were less than ideal."

Jamison then provided information about the history of the project, its significance and future direction.

"The Saco Project actually resulted from a phone call by Ralph Korman, Saco mayor, to Congressman Ron Marlenee. The Congressman contacted Dr. William Ramoska, an insect pathologist at Kansas State University, and interested Ramoska in doing field survey work in the Saco area. Our office submitted a grant application to three companies interested in marketing BTI, and two of the companies agreed to provide materials for a large-scale field test. Montana's legislators also were interested. Senator H.W. "Swede" Hammond, Malta, cosponsored HB 864 during the 1981 Legislative Session. The bill provided $10,000 to the DHES for the study project, to be undertaken with the cooperation of local Phillips County officials and the Montana State University Extension Service."

The two companies involved in the project, Sandoz and Abbott Laboratories, each had developed two separate BTI formulations, both of which destroy mosquito larvae in the same manner. One product was packaged in liquid form and the other as a wettable powder, to which water is added at the time of application to form a liquid sprayable product.

Jamison explained that the bacillus contains a toxic crystal. The mosquito larvae feed on the bacillus, and the toxic substance destroys the insect's gut lining. The speed with which the larval destruction occurs depends upon temperature—if it's warm, larvae are more active and feeding, thus increasing the likelihood that they will consume the bacterium. During periods of cold weather, the larvae are less active, and the process takes longer.

Senator Hammond was a member of the field trial group, and he described the test as "really impressive." He visually compared a dipperful of water from an untreated field with one from a

(continued on page 7)

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Homer Retires

Maxine Homer, health educator with the Family Planning Program, State Department of Health and Environmental Sciences, retired April 30, 1981, after 27 years with the agency.

Mrs. Homer began her career as a health educator for SDHES in 1954, working in the Chest X-Ray Survey. After the survey was completed, she served as a general health education consultant assigned to eastern Montana and also was involved in school health activities.

Following the eastern Montana assignment, Mrs. Homer worked with a statewide alcoholism project until she accepted the position of coordinator of the Mental Retardation Planning and Implementation Project.

Upon completion of the MR project, Mrs. Homer was employed in the Family Planning Program until she was selected to be Chief of the Bureau of Health Education in 1970.

After five years in the Chief's position, Mrs. Homer returned to the Family Planning Program in 1975 and served as its health educator until her retirement.

Mrs. Homer continues to maintain an active interest in health education. She currently is a member of the Board of Directors of Montanans for Children, Youth and Families and will participate as a volunteer in other similar efforts. She also plans to travel with her husband Ed and to enjoy gardening and other activities for which she didn't have enough time during her career years.

Lifestyle and Cancer

Following is reprinted with permission of Rodale Press, Inc., Emmazus, Pennsylvania. Article appeared in Executive Fitness Newsletter, May 31, 1980, and was suggested for reprint in TSH by Robert W. Moon, Health Education Specialist, SDHES.

Will you die of cancer?

That's a question, fortunately, that no one can answer better than you can. Because despite the environmental odds that continue to stack up against us, research affirms that the upper hand against cancer is still ours.

"The major causal factors so far identified in human cancer relate to personal habits and lifestyle," says John Higginson, M.D., director of the International Agency for Research on Cancer.

This is not to say that air pollution and pesticides do not play their roles. They do. But compared to smoking cigarettes, and eating a "disordered" diet, and allowing yourself to be inactive or depressed, the risks posed by your "polluted" environment are actually quite small.

Lung cancer, for example. Lung cancer in 1978 accounted for *one-fourth* of all cancer deaths in this country.

Air pollution, you say?

No. Cigarettes.

"Cigarettes accounted for 80 to 85 percent of these fatalities," estimates the *Journal of the National Cancer Institute.* The smoker who campaigns against air pollution in light of these statistics, would seem to be fuming in the wrong direction.

Many of us tend to pass the buck with other forms of cancer, as well. Tumors of the digestive organs, for example, killed more people in 1978 than any other form of cancer. But not because of food additives.

Harry Denopoulos, M.D., of the New York University Medical Center puts the blame on "disordered nutrition" — too much food, too much fat, too little fiber, and deficiencies in Vitamin A.

The mental factor also is a considerable one. It can weaken the defenses of the depressed. But it can also strengthen the defenses of the vibrant. In this regard it may be your most important weapon of all—particularly if you know if there's been a history of cancer in your family.

If you have reason to think you are genetically susceptible, work it to your advantage—by being all that much more dedicated to the anti-cancer lifestyle. Don't let your susceptibility depress you.

On the brighter side, researchers point out that in addition to the genes of our parents, we tend to inherit their ways: smoking, faulty eating habits, inactivity and attitude. So if you have relatives who died of cancer, find out how they lived. And learn by it. Against cancer, knowledge is power.

Where does physical fitness figure into all this?

You can't run away from cancer as effectively as you can heart disease. But there is evidence that exercise is worth the effort. Gio B. Gori, M.D., of the National Cancer Institute advises exercise as a way of stabilizing weight—and hence the integrity of immune systems that obesity can undermine.

So stop feeling helpless against cancer. "Since 1950, despite long-standing industrialization, a rapidly expanding petrochemical industry, and increasing awareness of occupational hazards, the overall cancer rates are decreasing in both black and white females and in white males if tumors related to alcohol and tobacco are excluded," reports Dr. Higginson in the Journal of the *National Cancer Institute.*

Cancer, in other words, is not the environmental monster we sometimes think it is. And the sooner we realize this, the better. Because a "what's the use" attitude leads to a "what's the use lifestyle." And that *can* be deadly.

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Dental Project Results Reviewed

Elementary school children in a second county in Montana are participating in a comprehensive dental health project designed to improve current dental health status and to promote a lifetime of sound, preventive health practices.

Dr. William Haggberg, Chief of the Dental Bureau, State Department of Health and Environmental Sciences, recently reviewed the successful first-year efforts of the Sanders County Dental Health Project, which is modeled after the pioneer Flathead County Project.

"Our initial interest in the possibility of a project in Sanders County was the result of a phone call from Dr. Richard Cook, a Plains dentist," said Dr. Haggberg in a recent interview, "he and Dr. John McDowell, a Thompson Falls dentist, wanted to get a fluoride mouth rinse program going in the Thompson Falls and Plains schools.

Responding to the dentists' interest, Dr. Haggberg approached the Plains School Board with the following three options for an elementary school dental health program: 1) a fluoride mouth rinse program once a week; 2) a mouth rinse program and screening (visual inspection of the teeth) to determine the dental health status of the students; and 3) a program modeled after the Flathead County Program, which would include the mouth rinse program, brushing demonstrations, nutrition education, screening, referral of students needing dental care, and financial assistance to eligible students for treatment to be provided by local dentists.

The Thompson Falls and Plains school districts chose the comprehensive Flathead program. Following acceptance by these two districts, all the schools in the county agreed to participate, and the project was endorsed by the county superintendent of schools. Kindergarten through sixth grade students in 10 county schools—Plains, Paradise, Camas Prairie, Dixon, Hot Springs, Thompson Falls, Noxon, Heron, Trout Creek and Spring Creek—eventually participated in the project.

The project was launched in the schools in February, 1981 coinciding with National Children's Dental Health Month. The organization and planning for the effort had begun in October 1980. Ms. Valerie Blackstone, Sanders County Community Health Nurse, assisted Sheila Herrin, the Dental Bureau's dental hygienist, with the organization and later with the follow-up of children needing dental care.

Within a one-month period, Mrs. Herrin visited each classroom (kindergarten through six) in the participating schools. She presented a dental health education session, conducted individual screening of the students, and demonstrated the mouth rinse technique. A total of 888 students, almost 100 percent of the total enrollment, were screened, and about 80 percent of the students participated in the fluoride mouth rinse program. All students taking part in the mouth rinsing had written parental permission to do so.

The children who were screened were placed in one of three categories (Class I, Class II, and Class III), based upon the condition of their mouths. Class I children were in immediate need of dental care of an emergency nature. A Class II designation indicated that the child needed dental treatment, but not emergency, and Class III had no apparent need for dental treatment at the time of screening. (Dr. Haggberg stressed that screening is not a definitive diagnosis, and a child may have dental problems that are not detected by screening. He encourages regular dental examinations.)

The parents of the school children were notified of the screening results, and Ms. Blackstone contacted many of the families to explain the need for dental care and to assist parents in securing needed treatment.

The Dental Bureau set aside $15,000 in treatment funds for students needing dental care, but whose families did not have financial resources, insurance or Medicaid to cover the cost of treatment.

Dr. Haggberg stated that the program will continue in Sanders County for one more year (July 1, 1981 - June 30, 1982) in its present form, and then he envisions that the county largely will be self-sufficient with respect to preventive dental health programs. Dr. Haggberg expects that after next year local dentists will do the screening, and his bureau will provide brushes and fluoride rinses.

"Our goal is to help Sanders and other counties to get started with their dental health programs and then let the communities sponsor, support and run their programs while the Dental Bureau assists another area in getting its program on its feet," said Dr. Haggberg.

He attributes the success of the Sanders County Project to several factors: the interest and concern of the three local dentists—Drs. Cook, McDowell and Thiegs; the cooperation of school boards and administrators; the assistance provided by Valerie Blackstone; the support of teachers and parents; and the dedication of his own staff, Sheila Herrin and Coralie Hunter.

"Whether you look at these projects from the viewpoint of improved dental health for children or investment of tax dollars, the projects can be justified," Dr. Haggberg said. "Eventually it is possible to reduce the percentage of children needing dental care to nearly 10 percent of those participating in the projects, and it is estimated that for every $1 in public funds spent, $36 can be saved in dental costs. In the Flathead Project we saw the percentage of children needing dental care decrease from 56 percent of 1,548 persons screened during the 1971-72 school term down to only 12 percent of 5,336 children screened during 1979-80. Flathead provided the research needed to develop a model program, and we're excited that the Sanders County effort has been so successful. We're eager to see such projects get under way in other counties in Montana."

REPORT RELEASED

The final report for the four-year Montana Air Pollution Study has been released by the Air Quality Bureau, State Department of Health and Environmental Sciences. For more information about the report, contact the AQB, SDHES, Cogswell Building, Helena, 59620, phone 449-3454.

Sanitarian Highlights Flood Activities

"Check," "watch," "monitor," were three words Jim Norman used frequently to describe his activities and those of Debra Haines Hartman which resulted from the May flooding in counties served by the Tri-County Environmental Health Department.

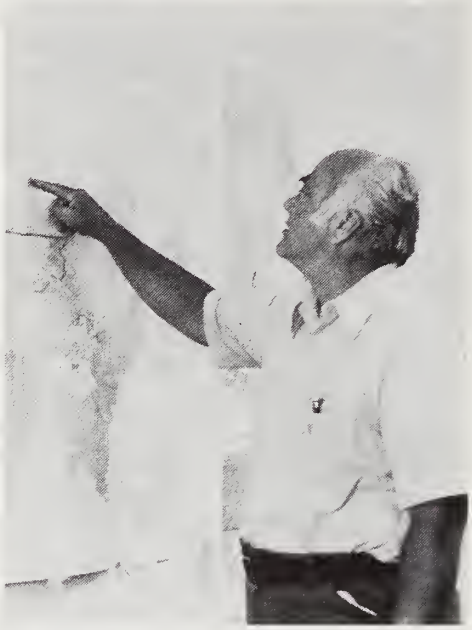
Norman and Hartman are the two sanitarians responsible for environmental health in Deer Lodge, Powell and Granite counties, an area covering slightly more than 4,800 square miles. The city of Deer Lodge suffered extensive damage during the flooding as Cottonwood Creek rampaged through the north end of the community, affecting 70 square blocks and disrupting the lives of 2,000 residents.

Peering over stacks of routine paperwork that had accumulated on his desk while he and Ms. Hartman responded to the flood emergency, Norman explained that a primary public health concern during flooding is the potential for or the actual contamination of drinking water supplies, whether water sources are public water systems or private wells.

Norman said that Dr. F. O. Bertoglio, Powell County Health Officer, issued a drinking water boil order for Deer Lodge residents on Friday, May 22, the day after the flood waters swept through the north end of town. Hartman traveled to Deer Lodge that same morning to check the municipal water and sewer systems and to collect water samples for testing. The Water Laboratory at Montana Tech, Butte, responded to her emergency request to test water samples and ran the tests over the weekend. The results were negative, but the monitoring of the city water supply continued.

"Another immediate source of public health problems during a flood situation can be food contamination," Norman said. "All food items, whether fresh, packaged in boxes or canned, could be contaminated by flood waters. On May 22nd, Debbie checked the grocery stores in the Deer Lodge flood area. She learned that the stores had been sandbagged and that the water had not reached the food supplies."

Norman stated that, in addition to the city water supply, there were many areas around Deer Lodge served by private wells. He and Hartman watched and waited for the water to start to recede, knowing that wells may become contaminated by the entry of surface water, and that proper disinfection of wells is extremely important to insure that the water is safe to drink.



Jim Norman locates areas where local flooding occurred.

As the waters began to recede, the sanitarians issued instructions for disinfecting wells and encouraged well owners to collect water samples for testing after the disinfection procedure had been completed. Norman and Hartman provided sample collection bottles and picked up the full bottles, sending the samples either to the Montana Tech Water Laboratory or to the Microbiology Laboratory, State Department of Health and Environmental Sciences to determine whether excessive numbers of coliform bacteria were present.

Instructions also were issued by the sanitarians to assist residents in clean-up efforts and to advise them on the proper handling of foods which may have been affected by flooding of living quarters and basements.

In addition to the city of Deer Lodge, other Tri-County areas experiencing flooding included Avon, Garrison and Drummond. Norman said that Avon wells had been slightly contaminated, and that water from one source in Drummond also had shown some contamination.

Norman expressed concern that many of the areas affected by the flooding have septic tanks, and he fears that drainfields which have collected large amounts of water may contaminate groundwater. Other lingering problems created by the flood are the threat of water line breaks, possible residual damage to water and sewer systems, and the potential for an intensified mosquito control problem resulting from the standing water.

Norman praised the efforts of law enforcement and other local officials, the Montana Tech Water Laboratory and the State Department of Health and Environmental Sciences' Microbiology Laboratory and Food and Consumer Safety Bureau.

"But I'd like to get back to my regular duties," he concluded, "there's a lot of routine work to be done, and we've still got wells in areas where we're waiting for the water to recede."

Edith Kuhns Dies

by David B. Lackman, Ph.D.

Miss Edith Kuhns, Director of the Hygienic Laboratory and Microbiology Laboratory Division of the Montana State Department of Health and Environmental Sciences from 1937 to 1967, died in Helena May 15, 1981. She attended Montana State College, Bozeman, graduating in 1925 with a B.S. degree in bacteriology. Upon graduation she was employed by the Montana State Board of Health in Helena as a bacteriologist.

Edith Kuhns was among the original members of the Conference of Public Health Laboratory Directors and the Association of State and Territorial Public Health Laboratory Directors. She did graduate work at Johns Hopkins in Baltimore, and attended the Army Medical School in Washington, D.C., where she received a certificate in Tropical Medicine. She was active in the laboratory sections of the Western Branch of the American Public Health Association and in the Montana Public Health Association. In May, 1967 the MPHA awarded her its "Outstanding Service in Public Health" award.

Miss Kuhns' contributions to public health microbiology include establishing diagnostic procedures for tuberculosis and tularemia. In 1957 she organized a virology laboratory in the division; and in 1963 set up a screening program for phenylketonuria (PKU) in newborns.

Grant Funds Information Network

A $460,000 three-year grant to Montana State University from the National Library of Medicine is enabling MSU to develop a Montana Health Sciences Information Network (MHSIN) to make health science information more accessible to health professionals in the state.

The Roland R. Renne Library at MSU has been designated as the central coordinating facility. Components of the network include libraries in the major hospitals, the Veteran's Administration hospials, the Rocky Mountain Laboratory, MSU, U of M and other academic libraries, and selected medical center and city/county libraries.

As a result of the project, health science information available at MSU, the Montana State Library, the Regional Health Sciences Library and the National Library of Medicine will be more accessible to health providers and educators, medical and biomedical researchers and others. The accessibility will be accomplished through consolidation of existing resources, implementation of rapid means of communication and the delivery of information on how to use the system.

The project, which began January 1, 1981, has established a tollfree hotline called HLTHCON (the health connection) to provide emergency or rush service. Any Montana health provider without library service can dial the tollfree number (1-800-332-4570) to obtain reference service, photocopies of journal articles, book loans, and MEDLINE or other computer searches of literature. HLTHCON is available from 8 a.m. to 12 noon and 1 p.m. to 5 p.m. weekdays.

A quarterly newsletter provides the potential health information user with news on how to obtain the information he or she needs.

Dr. Frank Newman, Director of the WAMI Program, is Principal Investigator for the project. Staff members include co-coordinators Tom Bremer and Alberta Titus. Bremer is responsible for coordination of outreach activities, and Mrs. Titus' responsibilities include internal affairs coordination.

The project has an executive committee which functions as a policy-making body. Members include: Dr. David Young, Chairman, Head of the Department of Veterinary Science at MSU and Director of the Veterinary Research Laboratory; Dr. Stuart Knapp, Vice President for Academic Affairs at MSU; Dr. John W. Jutila, Vice President for Research and Development at MSU; Dr. Norman D. Reed, Head, Department of Microbiology at MSU; Dr. Leonard Brewer, retired Missoula physician; Dr. John Gerdes, Big Fork, former Regional Director, Mountain States Regional Medical Program in Boise, Idaho; Dr. Sidney Pratt, Chief of the Maternal and Child Health Bureau, State Department of Health and Environmental Sciences; Mrs. Alma Jacobs, State Librarian, Helena; Mrs. Alberta Titus, Co-coordinator of MHSIN; Mrs. Vivian Ellis, Consumer Representative, Great Falls; and Mrs. Susan Long, Librarian, Kalispell Regional Hospital.

A statewide advisory board of 15 members is being established. The major responsibility of the board will be to evaluate the progress and impact of the network as viewed by the user groups represented.

Specific project objectives include: establishing appropriate linkages with other local, intrastate, interstate, or national library services; coordinating activities with the Pacific Northwest Regional Health Sciences Library in Seattle, and the National Library of Medicine, Bethesda, Maryland; collaborating with other health sciences information networks in Alaska, Idaho, Oregon and Washington; encouraging development of local hospital-based library services as participants in MHSIN; and providing education programs and consultation to librarians, health providers and the public.

MHSIN benefits from previous organized efforts to develop health science services in Montana, which began under Regional Medical Program (RMP) sponsorship in 1968. In cooperation with the Montana State Library in Helena, the Veteran's Administration Facility at Fort Harrison, and a group of interested citizens, the Montana Division of the Mountain States Regional Medical Program initiated a service network which involved 34 of the 64 Montana hospitals. Although technical, legal and financial difficulties eventually led to deterioration of the network, health professionals using the system became more acutely aware of the crucial role that a strong and viable health science information network plays in delivering quality health care and supporting medical and other research.

The development of the Montana Health Sciences Information Network will revitalize and improve existing networks to make health science information more accessible in an expeditious and economical way to upgrade the quality of health care, stimulate continued learning and promote quality education in biomedical fields.

EPA/State Annual Agreement Prepared

by Tom Ellerhoff, SDHES

It's not quite the stuff of which "Star Wars" is made, but for those working on this year's State/EPA agreement, the use of computer and word processing equipment will drastically cut the time it has taken previously to put the annual agreement together.

The annual state and federal agreement gives a detailed account of what is in store for Montana's environmental health and pesticide programs during the coming year.

Since the EPA, Governor's office, Department of Agriculture and Department of Health and Environmental Sciences personnel all contribute to the program each year, the mechanics of assembling the agreement required hours of administrative and clerical time. The decision to put the text part of the document into the state's Advanced Text Management System (ATMS) was based on hopes of cutting clerical time, and the fact that the training to use ATMS is provided free by the Department of Administration.

Since the text portion has now been entered into the ATMS, it will merely be a matter of a yearly updating of the stored information in the future. In terms of time saved, it has been estimated that the clerical hours have been reduced by more than 50 percent.

The second part of the document contains schedules for implementing annual work plans. This information has been entered into the local EPA office's Wang word processing system and, like the text portion, will be stored and updated each year. A new dimension will be added when the Water Quality Bureau has its Wang system installed in the near future, thus enabling the bureau and the local EPA office to easily share stored information.

"Mr. T.B. Germ" Thriving at Thirty-Six

by Stephen E. Balazs, Program Consultant, American Lung Association of Montana

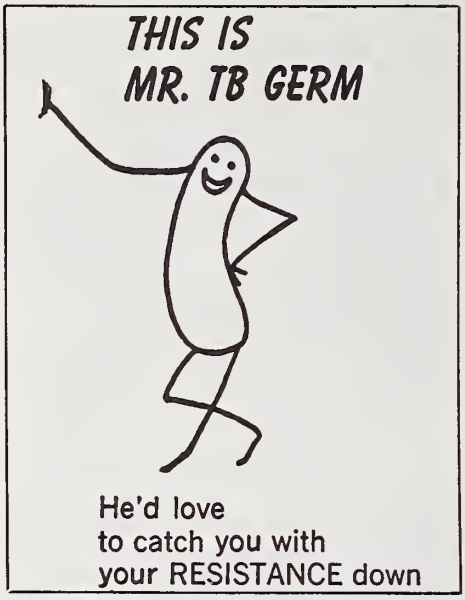
What's there to be said about an author whose work has been published in more than 5,900,000 copies in an English version, more than 470,000 distributed in Spanish, with translations in dozens of languages including some as far-fetched as Samoan, Turkish, Korean and Tagalog; yet, whose name does not appear on a single copy?

To Cornelia Robinson, 79, of Helena, the author of "This is Mr. T.B. Germ," the name of the author is not so important as time goes on.

Back in early 1945, when Cornelia was working as a health educator with industrial workers in the Tuberculosis Institute of Chicago and Cook County, she was inspired to write something geared to take the message of tuberculosis prevention directly to the workers and their families.

"I needed something not provided by the National Tuberculosis Association that workers could read easily, and understand and be motivated to get their chest x-ray; then stick in their pockets to take home," Cornelia told me. "I worked on the pamphlet sporadically at the office at home and everywhere, carrying it in my purse and testing it on workers, friends and strangers, inviting their criticism. Many a word was erased, and a simpler one substituted."

Finally, after a period of shape-shifting and wordsmithing, and with illustrations provided by a fellow Chicago staff worker, Vivian Boron, "This is Mr. T.B. Germ" was born.



(Cover of "Mr. T.B. Germ" Pamphlet)

"In June of 1945," Cornelia continued, "I began work with the Atlanta Tuberculosis Association. On my initial visit to the Georgia Department of Public Health, Dr. Dan Bowdoin, who asked to publish it, said he would give credit to Vivian Boron and me, which he did. The pamphlet was published in full in the November, 1945 issue of *Georgia's Health.* I sent copies of this issue to the Chicago-Cook County Institute, and I was pleased to grant their request to publish and distribute the pamphlet." Cornelia said this led to requests from various other places for permission to publish it, which initiated the distribution of "This is Mr. T.B. Germ" outside Georgia and Chicago.

Fifteen years later, in March of 1960, while she was employed as a health educator with the Montana State Department of Health, Bureau of Health Education, Cornelia received a note from Georgia Department of Public Health Information Director Stafford Smith, informing her that the Georgia T.B. Association had received copies of a new edition, giving the T.B. Institute of Chicago and Cook County credit as original publisher. Also, news had come to her "as a complete surprise," that the National Tuberculosis Association in New York had nationalized and internationalized publication and distribution of the pamphlet.

In 1962 Cornelia wrote to the director of education and public relations of the National T.B. Association to thank them for the resurrection of "Mr. T.B. Germ", and to pass along her historic role in his creation, and in return, received a note of appreciation.

Earlier this year Cornelia decided to again check on the status of her pamphlet. In February Earl Thomas, Executive Director of the American Lung Association of Montana, on behalf of Cornelia, wrote a letter of inquiry to the American Lung Association in which he stated, "I think we all owe Miss Robinson the courtesy of telling her the history of her publication, which has lasted down through the years." There has been no response to the letter.

Still active in swimming, and still writing, Cornelia is proud of the fact that something she helped fashion 36 years ago has become an international traveler, and glad to see the ALA is keeping her pamphlet up to date.

USPHS Seeks Applicants

The U.S. Public Health Service (USPHS) invites applications for a proposed extension of a training program in medical epidemiology. Up to twelve (12) persons per year, who already have an M.D., a doctorate in an allied health profession, or Ph.D. in a biomedical or behavioral science (e.g., biochemistry, psychology, etc.), may be accepted as staff fellows of the USPHS (a non-tenured, junior professional classification under Civil Service) for a three-year period of duty. Applications received by September 15, 1981, may be considered for service to begin on or about July 1, 1982. During the first year, each successful applicant will attend a university, at government expense, as a candidate for the M.P.H. or equivalent degree. During the subsequent two years, individuals will work in association with senior epidemiologists in the participating USPHS agencies (Alcohol, Drug Abuse, and Mental Health Administration; Centers for Disease Control; Food and Drug Administration; and the National Institutes of Health, NIH), primarily in research studies. A matching procedure akin to the national internship matching will be employed to assure that each individual is assigned to a preceptor whose area of expertise is of interest to the trainee, and consistent with his/her career plans.

Salaries will be provided according to the scale in effect for staff fellows in intramural research at the NIH. At this time (1981), remuneration for a physician is $30,000 per annum for the first year, with a $2,000 increase annually for the second and third years. Educational costs for the first year are provided in addition.

Further details of the program, and application forms, may be obtained from:

Robert S. Gordon, Jr., M.D., M.H.S.
Special Asst. to the Director, NIH
National Institutes of Health
Building 1, Room 238
Bethesda, Maryland 20205

Rick Crankshaw, State Immunization Coordinator, watches Governor Ted Schwinden sign SB58, repealing the "failure to act" provision of previous immunization legislation.

Immunization Law Changed

Work has begun on implementing the 1981 legislation which eliminates the administrative exemption as an option to immunization for school children, according to Rick Crankshaw, Coordinator of the Montana Immunization Program.

"Essentially, what the legislation does is place the responsibility squarely on the parents for either insuring that their children have been adequately immunized and that immunizations have been properly documented, or for filing a medical, religious or personal exemption," said Crankshaw.

Other provisions of the 1979 school immunization law remain in effect, according to Crankshaw. He said that the law requires that all school children, grades kindergarten through the 12th, be immunized against six childhood diseases. He outlined the minimum requirements for a child entering school for the first time:

—diphtheria, pertussis and tetanus (DPT) - at least four doses, the last of which must be given after the child's fourth birthday;

—polio - at least three doses, one of which must be given after the fourth birthday;

—measles and rubella - one dose of each given ideally at 15 months of age, but not before the first birthday.

Crankshaw said that mumps vaccine is recommended, but not currently required for school entry. Pertussis (whooping cough) vaccine is not required for students seven years of age or older, and rubella is not required for females 12 years of age or older. Children who have partially fulfilled the immunization requirements may be conditionally enrolled until all the required immunizations have been received.

Test *(from page 1)*

treated field, saying there were "millions" of larvae in the water from the untreated field, and that he could see only a few larvae in the dipper of water taken from the treated field.

Senator Hammond commented that he hoped the other tests were equally successful and that he would hope eventually to see BTI used as part of the mosquito control program in such areas as the Milk River drainage and the Big Hole country where the absence of live streams prevents the use of another biological control method, the mosquito fish.

Jamison said that additional tests planned for the summer will not duplicate those already performed. Among the variables to be tested are the effectiveness of different rates of application, and the use of a large droplet size to determine whether the material can reach the larvae-infested water after the grass has reached full growth.

Jamison expressed enthusiasm about the potential for BTI and cited several advantages, indicating that:

—BTI is host specific, e.g., only gnats and mosquito larvae are destroyed or harmed by its use. Birds, other animals and humans are not affected by the product. The EPA has approved the bacillus;

—the preliminary 90 percent kill results mean that BTI could be as effective as standard chemical treatments;

—BTI is relatively easily handled and applied;

—BTI is quick-acting, the actual time required depends upon the temperature; and

—the cost probably will be reasonable, with estimates of about $3 an acre.

Jamison also cited shortcomings of BTI:

—the bacillus cannot be recycled and needs to be applied more than once during the season, as is the case with chemical insecticides; and

—must be applied during a specific time period in the life cycle of the mosquito, and that period is limited to a few days. This would require careful monitoring by mosquito control officers.

In reviewing the project, Jamison said that the mosquito problem in Phillips County and elsewhere in Montana has significant economic and public health impact. Cattle raised in high-density mosquito areas may gain 75 pounds less than they would gain if not irritated by the insects. Equine and human encephalitis cases may result from infective mosquitoes. Projects such as the one at Saco help provide answers for more effective, diversified mosquito control.

Jamison cautioned that while those individuals involved in the BTI field testing are enthused about the results, the use of BTI should not be considered a possible single control measure, but that BTI may prove to be an important component in an integrated effort, involving biological, physical and chemical control.

SHCC Developing State Health Plan

Mel Williams, center, SHCC Chairman, reviews State Health Plan schedule with Council members and State Health Planning and Development Agency (SHPDA) staff.

The preparation of the 1981 State Health Plan is the primary challenge currently facing the Statewide Health Coordinating Council (SHCC), a 19-member Governor-appointed advisory group on health.

Mel Williams, a continuing member of the Council, and a state representative from Laurel, recently was appointed chairman of the group by Governor Ted Schwinden. Other continuing members of the council are: Charles Fisher, Babb; Ray Lynch, Dillon; Frank Lane, Miles City; and Sharon Dieziger, R.N., Great Falls. New members are: Morris Billehus, Scobey; Ada Weeding, Jordan; Jean Hough, Broadus; John St. Jermain, Great Falls; Rudyard Goode, Missoula; Senator Fred Van Valkenburg, Missoula; Marjorie Matheson, Conrad; Larry Bonderud, O.D., Shelby; Crystal Day, R.N., Missoula (who was elected Vice Chairman); Phlip Catalfomo, Ph.D., Missoula; Kyle Hopstad, Glasgow; Mark Listerud, M.D., Wolf Point; and Kit Johnson, M.D., Missoula.

Doris Downs, SHPDA, is the new coordinator for the council.

Dale Taliaferro, SHPDA health planner, indicated that the 1981 plan, which will contain an analysis of major health issues in Montana, will emphasize primary care, emergency medical services and long-term care. He also provided the following schedule of events for development of the plan: Task forces for two of the major issues—emergency medical services and long-term care—finished their components in June. The Plan Development Committee will meet in July and again in August. The draft plan will be approved and distributed statewide in August, and public hearings around the state are scheduled for September 14 through 18. After the public hearings, the SHCC will meet in order to adopt the plan, incorporating any revisions required as a result of the hearings. The Governor is expected to approve the plan the last week in September, and the plan then will be submitted to the Denver office of the U.S. Department of Health and Human Services to meet the October deadline.

SHCC members serving on the Plan Development Committee are Kyle Hopstad, Chairman, Rudyard Goode, Jean Hough, Ada Weeding, Morris Billehus, Kit Johnson and Philip Catalfomo.

Although the State Health Plan is the priority SHCC concern for the next few months, Chairman Williams has appointed council members to three other committees which will be active during the year. Serving on the Bylaws Committee are Fred Van Valkenburg, Chairman, Ray Lynch and John St. Jermain. Frank Lane is chairman of the Review Committee, and other members are Charles Fisher, Marjorie Matheson, Larry Bonderud and Mark Listerud. The remaining committee, the Legislative Committee, is chaired by Mel Williams, and serving with him are Fred Van Valkenburg, Ray Lynch, John St. Jermain and Kit Johnson.

The SHCC meets at least quarterly and all meetings are open to the public. Anyone desiring information about SHCC is encouraged to contact Doris Downs, SHCC Coordinator, Hospital and Medical Facilities Division, State Department of Health and Environmental Sciences, Cogswell Building, Helena, 59620, phone 449-3121.

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